Full OCAN
User Manual

Ontario Common Assessment of Need (OCAN)

CCIM Community Care Information Management
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Full OCAN Training: Overview

Training participants will be those who are implementing Full OCAN in their HSPs.

This manual is a resource for trained mental health staff within a health service provider (HSP) in the sector which is participating in OCAN implementation.

Ensure that you are working from the most current version by checking the OCAN Member Area of the website (www.ccim.on.ca) to access this and other resources.

This is not a stand-alone training manual. If you are receiving this training on the use of Full OCAN, it is understood that you have also attended the pre-requisite Core OCAN and Core + Self OCAN training.

Note:

The term health service provider (HSP) is being used to refer to any of the agencies, organizations, hospital programs or initiatives delivering mental health services.

Full OCAN Training Materials

Resources Related to this Manual

These resources are available to you at the indicated website as noted above.

Resources include:

- PowerPoint slides
- User manuals
- OCAN tools
- Various printed documents designed to support your learning
- Case Studies
- Evaluation for training session
- Certificates of completion

Contact the Project Support Centre

Community Mental Health Common Assessment Project (CMH CAP)
Phone:1-866-909-5600
e-mail: cmhcap@ccim.on.ca

OCAN User Profile

In order to use OCAN effectively, it is important that an OCAN-trained mental health service provider…

- understands his/her role in the HSP
- is familiar with assessment processes in his/her HSP
- is fully informed in the documentation and privacy procedures and policies of his/her HSP
- is familiar with the software solution that has been implemented in his/her HSP
- has access to internal supports to complete OCAN

Once trained, the OCAN assessor will:

- understand that OCAN begins with a Consumer Self-Assessment and that the consumer voice is incorporated throughout assessment and service delivery according to recovery principles
- understand the use of OCAN with the people that their HSP serves
- interpret and make use of information from OCAN in a variety of ways
- understand where OCAN fits into the HSP process
- use OCAN in their day to day work
- has access to internal supports to complete OCAN, such as a member of the HSP Change Team
- do the assessment with consumers assigned to them every six months

Note:

Training on OCAN is incomplete without a thorough understanding of the vendor's automated solution. HSP organizations are responsible for working with their vendors to ensure assessors are trained to use the automated solution prior to using OCAN in clinical practice.

The Full OCAN Process

For each of the 24 domains (e.g. Accommodation, Self-care, Daytime activities), the current (within the past month) situation of the consumer is assessed along with the level of informal (family and friends) and formal (service providers) support they currently both receive and need. By identifying needs and strengths, OCAN helps support consumers to recovery. Seeking the increased engagement of consumers of mental health services in determining their level of need, the two-part process includes a Consumer Self-Assessment and this formally gives consumers a role in the assessment process. The mental health worker completes the Staff Assessment through discussions with the consumer and collateral information. The responses are jointly discussed, variances explored, preferences expressed and next steps agreed upon.

OCAN Focus

OCAN exists to provide a basis for service provision.

The assessment identifies areas where there are met and unmet needs. Recognition is given to existing informal and formal help. It paints a picture of the levels of help in place that contribute to the consumer's successes. Needs are then prioritized and actions are identified to direct service planning that is focused on consumer-identified needs. Aggregating needs data provides quality information for planning purposes at the HSP, LHIN and provincial level.

OCAN is focused on needs rather than symptoms. The domains cover some wholistic physical, spiritual, emotional and physical aspects of a person's life. Research has shown that including the consumer as an active participant in the management of his/her services helps in prioritizing a service plan and improves outcomes.

Benefits of OCAN

OCAN has been proven to assist consumer-led decision making at an individual level. It identifies individual needs and can help match these to existing services and identify service gaps. Aggregate information derived from OCAN can assist HSP, regional and provincial level planning and decision-making that is consistent with a recovery approach.

Expected benefits from the province-wide implementation of OCAN include:

For the consumer:

- Gives consumers an effective way to voice their needs and preferences
- Quickly identifies issues that are getting in the way of a person's recovery
- Focuses on client needs rather than symptoms
- Provides for a more inclusive approach to care
- Allows the consumer to provide the relevant level of information, potentially reducing repetition at each stage in their service

For the sector:

- May reduce repetitive information gathering
- Assists recovery-oriented service planning at an individual level
- Identifies individual needs and helps match these to existing services
- Can help to identify service gaps
- Gives HSPs the ability to focus their services based on specific, consumer-identified needs
- Provides a common language that allows cross-sector partnering and planning
- Acknowledges the important role that informal support plays in helping with consumer needs

Sector comment

"At first I thought there were a lot of questions but when the assessment was finished I felt differently. I now see that the agency wanted to make sure they did not miss any areas that could affect my mental health."

— Consumer, after using OCAN

For the system:

- Promotes equitable access to services where available
- Ensures that standardized information is collected
- Highlights need and service in each area
- Captures aggregate data that will inform planning and decision-making

OCAN benefits in Aboriginal Settings:

- Recognizes Aboriginal cultures, values and beliefs by incorporating "wholistic" approaches to wellness and recovery, while allowing consumers to participate in the process
- Assists with better continuity of services through integrated data collection and reporting across community mental health
- Encourages ownership of OCAN and its related processes through engagement with Aboriginal representatives
- Potential to help address jurisdictional issues (federal and provincial)

OCAN aligns with the overall provincial mental health strategy

Transforming the System, Transforming Lives	
Where We Are Now	**Where We Want to Be**
Prevention is overlooked	Prevention and early identification are priorities
The system helps only people who reach services	The system reaches out to the whole population and all who need help
Services focus on treatment	Services focus on healthy development, recovery and harm reduction
Care is disease or provider-centred	Care is person-driven and family-centred
People with mental illnesses and/or addictions have limited support to manage their own care	People with mental illnesses and/or addictions are empowered and supported to manage their own care
Care is reactive and episodic	Care is proactive and ongoing
Providers and programs work in isolation	Providers and programs work collaboratively
Services plan and operate in separate silos	Services are integrated and coordinated
There is a sense of isolation and frustration	There is a culture of improvement and innovation
The system uses data and measurement for reporting	The system uses data and measurement to improve services

Source: Every Door is the Right Door; Towards a 10-Year Mental Health and Addictions Strategy; A discussion paper; July 2009, http://www.ofcmhap.on.ca/sites/ofcmhap.on.ca/files/MHA%20report_0.pdf

Philosophy of Needs Assessment

OCAN was developed with the following universal principles about need.

- Needs are universal and non-judgmental
- People have multiple needs at any given time
- Assessment should include the consumer and the staff perspective
- Meeting consumer-identified unmet needs directly improves wellbeing
- Meeting consumer-identified unmet needs improves the working relationship which, in turn, improves wellbeing

Dr. Slade's service recommendations based on research include:

- Assessment of need should drive service
- Target the consumer-rated unmet needs
- Increase agreement since it improves outcome
- While all needs matter, identify priorities

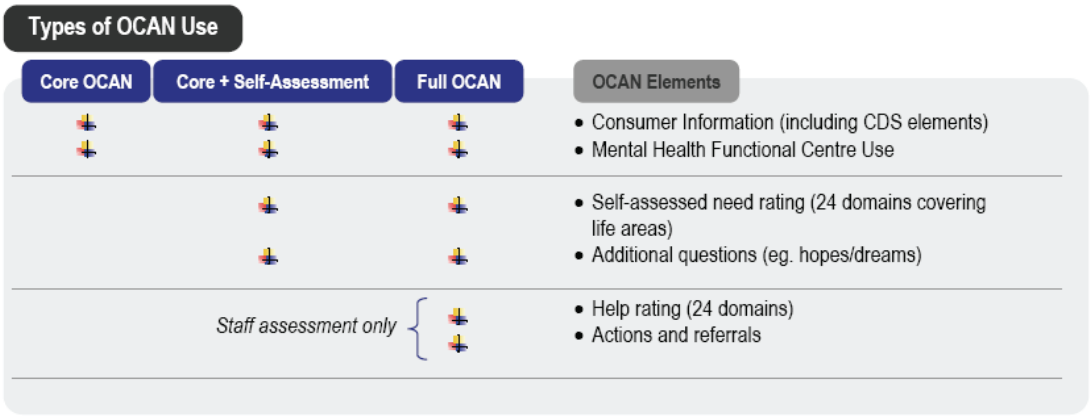
Full OCAN

Full OCAN Components

OCAN consists of many components. The base of the tool is the Camberwell Assessment of Need. The Consumer Self-Assessment component is based on the Camberwell Assessment of Need Short Appraisal Schedule - Patient version (CANSAS-P) and the Staff Assessment is based on the Camberwell Assessment of Need – Clinical version (CAN-C). Added to the Camberwell elements are two additional domains (Other dependents and Other addictions), and a number of other questions and checklists designed to meet the specific needs of the CMH sector in Ontario. Two additional components of OCAN are the Consumer Information Summary (CIS) and the Mental Health Functional Centre Use section.

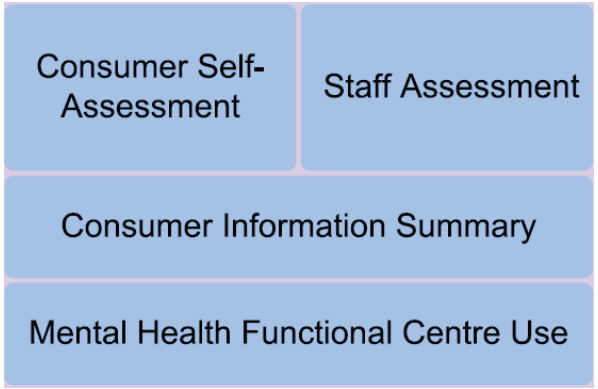
OCAN is an electronic tool designed to be completed on a reassessment cycle every six months. Sustaining the reassessment cycle is beneficial to ensure consistency and continuity of service. Refreshing the assessment information every six months creates a better understanding of a person's changing needs. Sustaining the reassessment cycle also allows reports to be generated on a regular basis for staff, HSPs and the system. These reports will help to demonstrate the impact services have on needs over time.

Each OCAN type is designed to meet the specific needs of the CMH sector in Ontario.


Types of OCAN Use
Core OCAN
Core + Self-Assessment
Full OCAN
OCAN Elements
• Consumer Information (including CDS elements)
• Mental Health Functional Centre Use
• Self-assessed need rating (24 domains covering life areas)
• Additional questions (eg. hopes/dreams)
Staff assessment only
• Help rating (24 domains)
• Actions and referrals

Full OCAN consists of:

- Consumer Self Assessment
- Staff Assessment
- Consumer Information Summary
- Mental Health Functional Centre Use



Staff Assessment

Full OCAN incorporates both the consumer and staff perspectives of need. The staff assessment records the following information:

- In each of 24 Domains:
  - a staff need score
  - help received, informal and formal
  - help required, formal
  - comments and actions

- In some of the 24 Domains:
  - additional questions
  - list of current medications
  - medical conditions
  - description of side effects
  - symptom checklist
  - stages of change
  - risks
  - drug use checklist
  - 5 additional questions on hopes, dreams and spirituality

The following elements also appear in the Staff Assessment:

- Consumer Information Summary
- Mental Health Current Service Use Record (Service Use Record)

Aboriginal-specific learning materials have been developed to support the implementation of OCAN in Aboriginal HSPs and programs. These resources include an updated consumer pamphlet, a specific domains information document, cases studies, an eLearning consumer and self-assessment instructions module and other materials.

Additional resources

Additional resources developed for the training package to assist with the Staff Assessment are:

- "User Reference Guide " – introduced in Core OCAN Training – that indicates:
  - what the correct response type is for each field
  - what the format is for completion of these elements, i.e., date format

- "Domains Information" document that summarizes:
  - Intent of asking about each Domain
  - Guiding Questions to help draw out the information during the Assessment Conversation
  - Consumer Issues related to each Domain
  - Need and Help Examples to assist with scoring
  - Additional Questions
  - Fields and Response Types

- Scoring Need Decision Tree
  - A quick reference to help determine scoring of need

- Assessment Types and Timelines one-page reference guide
  - Definitions for each reason for assessment (Initial, Reassessment, (prior to) Discharge, Significant Change, Review, Re-Key and Other reasons for assessment)
  - Timelines for initiating the reassessment cycle and sustaining the reassessment cycle and resetting the reassessment cycle

- Activities:

Note

The information used to populate the values or choices in the Mental Health Functional Centre Use (commonly referred to as Service Use Record) section of OCAN comes from **Connex***Ontario* Health Services. **Connex***Ontario* holds information about community mental health HSP organizations in Ontario, including HSP organization names and numbers, program names and numbers and the associated LHIN.

During the OCAN implementation phase, HSP organizations are required to register with **Connex***Ontario*, if they have not already done so, and make sure that their LHIN, organization and program information is available and up-to-date.

To make sure your organization is registered with **Connex***Ontario,* to register for the first time or to provide updated information, contact:

Data and Information Services at **Connex***Ontario*

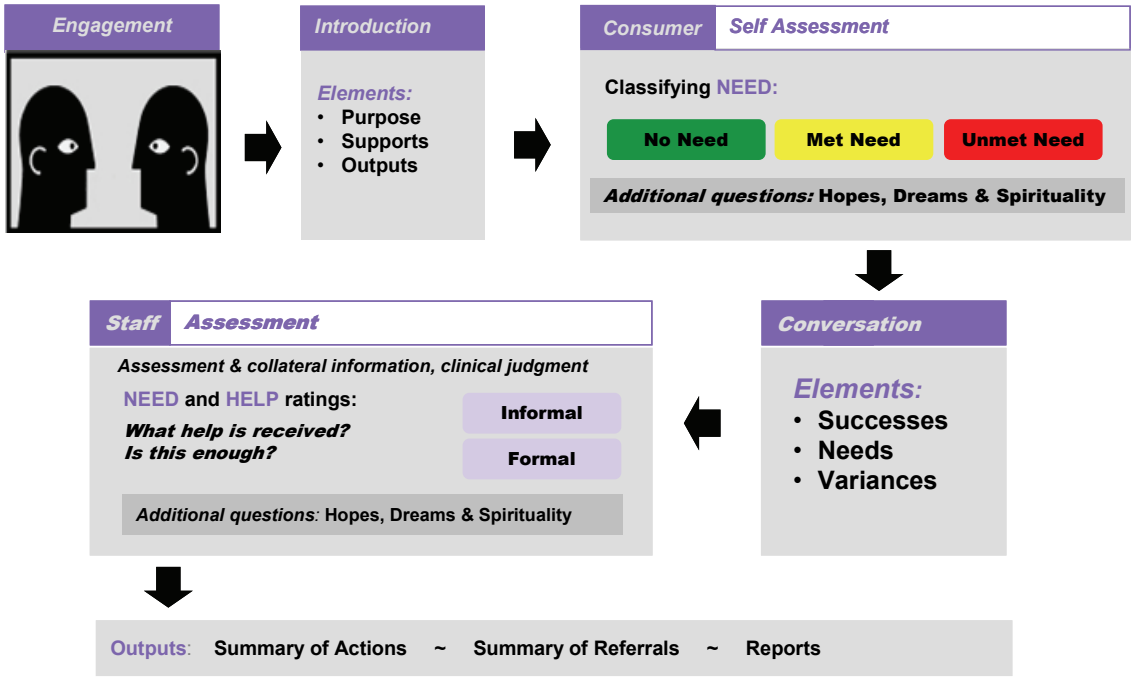
Phone: (519) 439-0174 or 1-866-531-2600

Email: data_info_services_mhsio@connexontario.ca

  - A number of activities are provided to enhance the transfer of learning for training participants

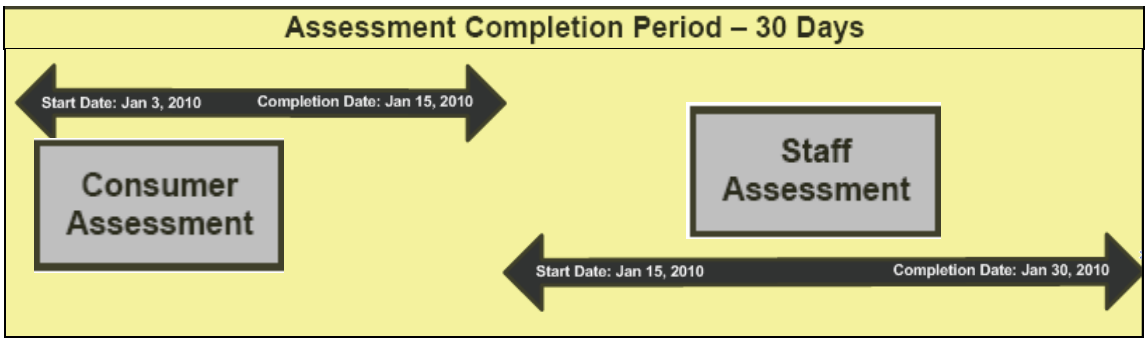
OCAN Assessment Process

The process below outlines how OCAN would ideally be applied in any setting. First we begin with an introduction to OCAN for the consumer. Ideally the consumer then completes the Self-Assessment, with or without support. The next step is to engage with the consumer in a wholistic conversation about their needs, strengths, hopes and dreams. The last part of the process, and the focus of this learning manual, is on the completion of the Staff Assessment and a look at the outputs.



Assessment Timeframe

The assessment start date and completion date should be within 30 days of each other. The start date of the assessment in the system is whichever is started first: the Consumer Self-Assessment or the Staff Assessment. The ideal would be that the Consumer Self-Assessment is completed first.


Assessment Completion Period – 30 Days
Start Date: Jan 3, 2010
Completion Date: Jan 15, 2010
Consumer Assessment
Staff Assessment
Start Date: Jan 15, 2010
Completion Date: Jan 30, 2010

This example shows the optimal timing with sample dates. Since the consumer Self-Assessment is started before the Staff Assessment, the start date of the Self-Assessment will be entered in the system. Since both the Staff and the Self-Assessment are completed within 30 days, the latest completion date is the Staff Assessment so that date is entered in the system.

The staff assessment can be completed and submitted without an accompanying Self-Assessment. This Self-Assessment can be completed outside of the 30-day window at the consumer's first availability or at the next reassessment.

The Assessment Conversation

> **"This should be a conversation, not an interrogation."**
>
> **(Pilot staff participant)**

As staff, you're aware of the value of conversations in your work with people and in the assessment process. Here are a few additional tips on how the OCAN Assessment Conversation works that have come out of what we learned from our pilot HSPs

Tips for successful assessment conversation

- Provide a safe place
- Involve the consumer as a full partner in the conversation
- Start the conversation from where the consumer is
- Listen to and value the consumer's responses in the Self-Assessment

Variances: It's natural for two people to have some differences of opinion over something as critical as need. When these differences of opinion happen, it can be very informative to dialogue around them. It's very important to recognize the value of both the staff opinion and the voice of lived experience. Differences of opinion are natural and beneficial to the ongoing therapeutic relationship.

Listen: The conversations you have while you use OCAN as the assessment tool can begin to sound very needs-focused. It should be no surprise that actions and comments begin to be centered around the 24 domains outlined in OCAN. Listen for how the domains are interrelated and how they might overlap. One action may satisfy a need in multiple domains, for example.

OCAN Staff Assessment

This section is divided into the following parts:

- Overview
- Information Collected
  - Consumer Information Summary
  - Mental Health Functional Center Use
  - Domains and Additional Questions
  - Hopes and Dreams Questions
  - Comments
  - Actions
  - Summary of Referrals

Overview

Why a staff assessment?

The staff person is one of the two participants in the assessment process. The consumer is the expert on his/her lived experience; the assessor brings assessment knowledge. The professional fosters relationships, promotes wellbeing and offers interventions. He or she can provide information, resources and support to assist consumers to address their needs, reach their goals and improve their quality of life.

User comment

"Using OCAN enabled me to ask questions that I'd never considered asking before. It was helpful for the consumer to open up and have these conversations."

— Direct service worker, after using OCAN

What is the Staff Assessment?

The intent of OCAN is to document the most current information for the consumer. OCAN is a snapshot in time of the past month in the life of the consumer. Like the consumer self-assessment, the staff assessment's domains can be viewed in light of the physical, emotional, mental and spiritual aspects of a person's life.

The Staff Assessment helps to generate a wholistic understanding of the person's strengths, challenges, goals and hopes for the future. In addition to the need and help ratings, it includes key information in areas such as:

- demographics
- legal status
- medical conditions
- medication
- psychiatric history
- psychiatric symptoms
- non-prescription drug use

Additionally, the Staff Assessment allows you to capture, in a systematic way:

- actions – with the ability to prioritize these and indicate who is completing the action and when the action will be reviewed
- referrals during assessment period and, at reassessment, gaps and record status of referral since the last assessment

When is the Staff Assessment completed?

Within the OCAN process, the Staff Assessment is completed as a step after the consumer has had an opportunity to express his/her needs, ideally through the Consumer Self-Assessment. This way, the consumer has the opportunity for his or her voice to be heard without influence from the Staff Assessment or collateral information.

The assessment is considered complete when it has been entered and marked as "complete" in the automated system.

Important considerations

Some things to consider as you complete the Staff Assessment are:

- An increase in consumer-identified unmet needs at reassessment can be due to two possible factors:
  - consumer's perceived personal decline in these areas changing a met or no need to a need, or
  - consumer's journey of recovery allows them to identify different or new unmet needs
- Differences of opinion are natural and beneficial. If agreement was perfect, the multiple perspectives that help inform the assessment conversation would be redundant. So, striving for perfect agreement is unrealistic and may even be counter productive. Perfect agreement may mean that one party is being "swayed" or trying to please the other instead of stating their honest perspective.
- The Staff Assessment is one very important part of the whole assessment. It is a summary of the assessment conversation, the collateral information and your own observations/judgment.
- OCAN may be used to provide information to services to which the person is referred. Ensure that the information is comprehensive and detailed enough to be of use and appropriate to the referred service.

Information Collected

Consumer Information Summary

This information can be collected at many points during a client's contact with the organization. Some information for existing consumers may already be in the system and arrive pre-populated into the automated OCAN.

At initial assessment, however, there may be a greater requirement to capture this information as part of the OCAN process. Many of the data elements that are found in Core or Core + Self have been moved and are embedded as additional questions in the staff assessment.

For a complete breakdown of the information collected in this section and in the mandatory fields, please refer to the "User Reference Guide" published on the website and introduced in the Core OCAN Training.

Mental Health Functional Centre Use

Please refer to the Consumer Information Summary section (in the Core OCAN training manual) to find out more about the Mental Health Functional Centre Use.

Domains and Additional Questions

In each of the 24 domains, determine scores for need and help and recording these.

For each need, whether met or unmet, you must complete the help score. Where there is no need, a help rating is not required. Staff should document any help in the comment sections and complete any extra questions in all the domains.

In each section you have the option of completing the actions and comments fields, bearing in mind that all the information gathered is important and will inform the ongoing work with the consumer. It will be reflected in the Individual Assessment Reports.

There are also domains that ask additional questions.

- For a full explanation of the information collection requirements of each domain, please refer to "Domains Information" document located in this binder.
- The OCAN User Reference Guide available on the CMH CAP members area of www.ccim.on.ca is also a source of information about the intent of each question asked in Full OCAN

Hopes and Dreams Questions

Completion of this section is optional. Should the assessment conversation reveal anything different from what the consumer may have written in their Self-Assessment, the information would be recorded here. There may be cases where the consumer has not documented anything in their hopes and dreams section.

Comments Fields: Guiding principles

- Comments will help to validate your scoring
- Include all pertinent, "need to know" information
- Ensure that the information is valid, objective, concrete and descriptive
- Comments should follow your own HSP's guidelines for electronic documentation
- Comments may be viewed by other service providers involved in supporting consumers
- Comments may capture historical information and collateral information

Actions

The Actions field you may want to capture information about:

- mutually agreed actions in each domain
- who is responsible for completing the action
- timelines for completing and reviewing the actions
- Consumer expressed actions are encouraged and documented, actions developed by staff should be discussed and mutually agreed upon by consumer and staff

Examples of actions can be:

- actions the consumer agrees to take responsibility for
- actions the staff agrees to take responsibility for
- actions a third party will be asked to take responsibility for

Summary of Referrals

The intent of the Summary of Referrals is to provide staff with one place to consistently document referrals and their status. The difference between optimal and actual referrals is documented and, in this way, service gaps become evident. Identifying these service gaps are important for planning.

The Summary of Referrals is started during the assessment period (30 day window) and updated at reassessment.

Optimal Referral	Specify	Actual Referral	Specify	Reason for Difference	Status of Referral

After the assessment has been completed to the satisfaction of both parties during the assessment period, the staff will record any referrals that have been made during that time and their status, if this is known. (Sometimes the outcomes of referrals are not known until after this current OCAN assessment is closed.)

At reassessment, staff will review the status of all completed and outstanding referrals since the previous OCAN was completed. These will be documented in the Summary of Referrals for the current assessment.

The available drop down selections in the referral status list is:

- Received
- Accepted onto waitlist
- Accepted into service
- Rejected
- Withdrawn (by the client)

When referrals are made to traditional healers, please select in the "optimal referral" and "actual referrals" columns, when appropriate, the item "Alternative Healing Options: Chiropractic, Acupuncture, Meditation, Herbalist, etc. In the field labelled "specify" please write "Traditional Healer" so that as an HSP, you are able to track referrals to Traditional Aboriginal healers.

Scoring

The purpose of scoring in the OCAN is to record information about the current need and level of support for each of the 24 domains. Scoring is one component of OCAN that provides an understanding of the person's current situation.

Scoring Need in the OCAN Staff Assessment

The intent of the OCAN assessment is to look at the range of life domains and highlight the major issues that stand in the way of the consumer's recovery. Research has shown that focusing on consumer-rated unmet need leads to better outcomes for the consumer than focussing solely on staff-rated unmet needs.

Anchor questions in each of the 24 domains of OCAN are meant to help you understand the intent of the domain. You do not necessarily have to ask this specific question and may use other questions in the conversation as long as you focus on the intent of the domain. The "Domains description" document is a good resource for other questions to guide you in assessing each domain.

Here are the definitions of each need rating:

- **2 = Unmet need (serious problem)** – a major issue that stands in the way of the consumer's recovery, regardless of its cause or whether any help is being given.
- **1 = Met need (no/moderate problem due to help given)** - no serious problem because of help given. The problem would become serious if the formal or informal help was stopped.
- **0 – No need (no serious problem)** - the person is relatively independent in this domain, and it would not become a serious problem if help was stopped.
- **9 – Not Known**

Guidelines on when to score a 2 (unmet need)

A score of 2 indicates the presence of a serious problem. It is a major issue that is getting in the way of the consumer's recovery.

Other factors to consider

A need can exist for a variety of reasons. The cause does not have to be related to the person's mental health.

Listen to what the client is perceiving as serious. What are the major issues impeding their progress on their recovery path?

Watch for areas of need that the consumer may not have identified. It is important for staff to use their expertise to rate a 2 for those domains, because acknowledging differences in ratings can:

- provide a basis for curiosity - a conversation about *why* the differences exist
- make respectful negotiation and identification of points of agreement more possible
- communicate hopeful expectations about the future.

Guidelines on when to score a 1 (met need)

A score of 1 indicates no serious problem because of informal and/or formal help given. Considering all available information relevant to a domain, you would rate a need as a 1 if you think that a problem would become serious if help was stopped.

Guidelines on when to score a 0 (no need)

A score of 0 indicates that there is no serious problem for the person in this area. You would rate 0 if the person is relatively independent in this domain, and it would not become a serious problem if help was stopped.

Research notes

Unmet need is the best focus … (Killaspy et al, 2008)

… and clinical goal becomes converting unmet to met needs (Drukker et al, 2008)

Researcher comments

If agreement was perfect, then the multiple perspectives would be redundant, so striving for perfect agreement is unrealistic.

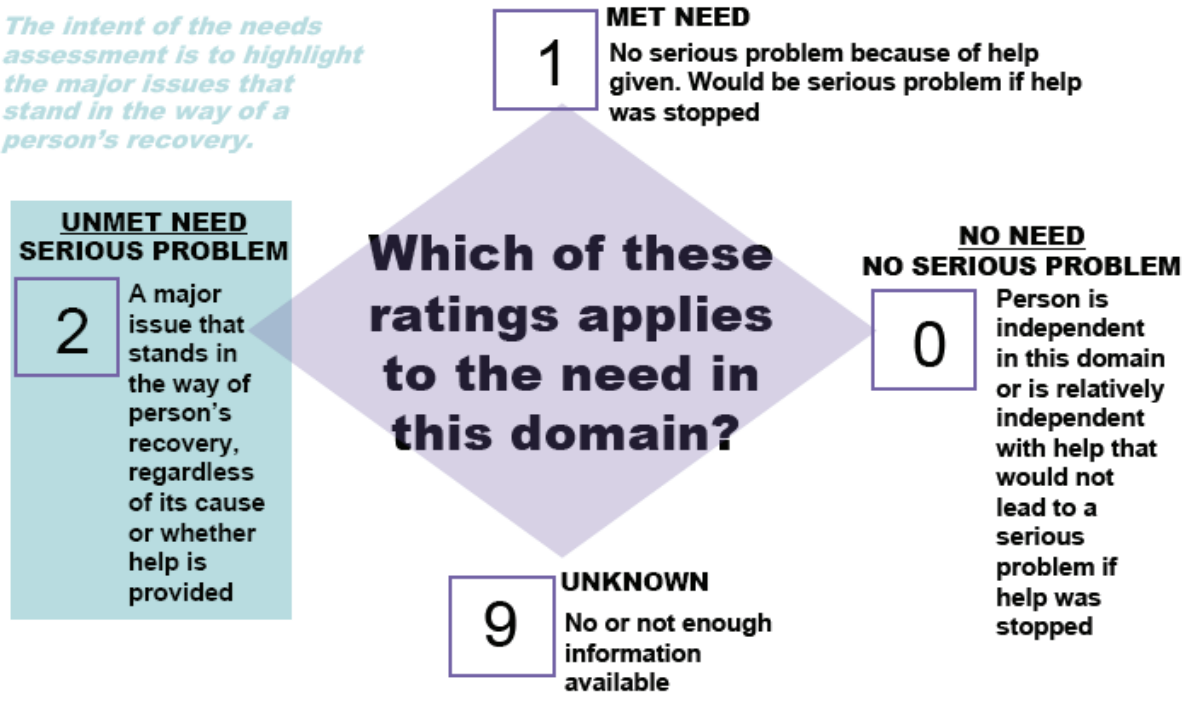
It is unsafe to assume that everyone thinks the same areas are problematic.

When service plans are based on perceived need, it's important to understand who is perceiving the need.

– Professor Tom Trauer

The below need rating reference is intended to assist you in determining how to rate a need in each domain.

Need Rating Reference


The intent of the needs assessment is to highlight the major issues that stand in the way of a person's recovery.
1
MET NEED
No serious problem because of help given. Would be serious problem if help was stopped
UNMET NEED
SERIOUS PROBLEM
2
A major issue that stands in the way of person's recovery, regardless of its cause or whether help is provided
Which of these ratings applies to the need in this domain?
NO NEED
NO SERIOUS PROBLEM
0
Person is independent in this domain or is relatively independent with help that would not lead to a serious problem if help was stopped
9
UNKNOWN
No or not enough information available

Need in relation to help

Here is another way to think of the assessment ratings you see on the tool. The chart below shows the tool help scale and how you can also interpret that help scale.

Tool Scale	Help Scale
No Problem / No Need	Help is or is not provided
No/Moderate Problem due to help given / Met need	Help is provided
Serious Problem / Unmet need	Help is or is not provided

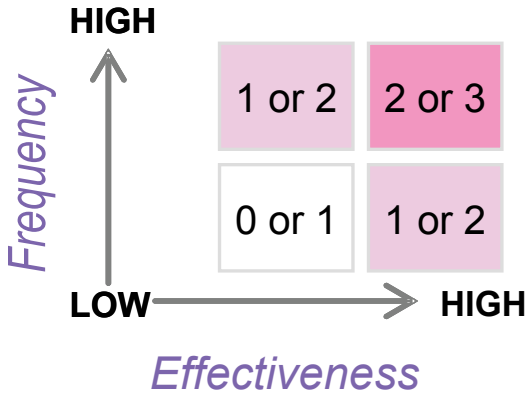
Scoring Help in the OCAN Staff Assessment

This score only appears in the Staff Assessment.

Help is scored using two criteria: effectiveness and frequency.

To the right is another way to think of the assessment ratings.

The chart below shows the help scale in OCAN and how you can interpret it.



Help in OCAN	Interpretation
0 = None	0 = None
1 = Low help	1 = Some / occasional help
2 = Moderate help	2 = Regular help
3 = High help	3 = Substantial help
9 = Not known	9 = Unknown

Examples of informal and formal help in the Domains Information document are worded using the terminology in the right-hand column of the table above.

Help information informs the following:

- whether a need is met or unmet
- whether there is involvement from family / friends in every domain

- whether there is involvement from formal services
- whether additional help is required
- whether the help received is effective

Informal Help

The purpose of this section is to record information about the current level of support for this domain from friends or family during the last month. The rating indicates the level of help received, and examples are provided [in the Domains Description document] for guiding the rating of level of help. Note that what is being rated is the interviewee's perception of level of help. If they replied "My dad nags me to tidy up, but I just ignore him" for the domain of looking after the home, then this would be rated as zero (0 = None).

Formal Help

The purpose of this section is to gain information about the current and required level of support from local services over the last month. These two help parts are best asked separately. Try to personalize the questions by being specific about local services. Rating involves considering the perceived effectiveness of an intervention. For example, if the person is on medication which is regularly reviewed, but reports that it does not help symptoms at all, then rate help received for psychotic symptoms as zero (0 = None). The examples in the Domains Description document are meant to show the type of intervention that might constitute a low, medium or high level of help. Bear in mind, however, that ***what is being rated is the level of perceived help.***

For rating the help required, it is appropriate to ask a person how much help they feel they need from local services. The question is not asking how much extra help is wanted. When the same rating is given for the two formal help questions (3a and 3b), this may indicate that the appropriate level of support from local services is being received. When the rating is higher for question 3b, this suggests the existence of an unmet need.

Example:

A person has an unmet need in accommodation. They are currently homeless and receiving very little help with accommodation. The person accesses a homeless shelter sporadically once or twice a month. The family doesn't help at all. The consumer is currently being assessed by you and has expressed a need for suitable accommodation. You agree that this is an unmet need and together you identify that the most suitable accommodation for the person would be supervised congregate living. Here's how you could rate need and help.

Consumer Need Rating	unmet need (2)
1. Staff Need Rating	serious problem / unmet need (2)
2. Staff Informal Help Rating	No help (0)
3a. Staff Formal Help Received Rating	Low help (1)
3b. Staff Formal Help Needed	High help (3)

Research notes

"What do recovered people identify as important to their recovery? They identify hope, identity, meaning and personal responsibility."

Andersen, et al (2003)

Outputs

Use of OCAN Information

The primary purpose of the information that consumers and staff gather from the self and staff assessments is to support clients in recovery and assist in service planning.

Information collected via the assessment can be summarized or aggregated over time to offer the benefit of providing a "big picture" view of mental health needs and pertinent consumer health and demographic information in an HSP, a specific LHIN, multiple LHINs or the province as a whole. This data indicates the extent of populations served by community mental health agencies across the province. Information about need, combined with information identifying gaps in service, creates a powerful tool to help plan for and forecast needs and uses of services.

At the individual level, information about needs from OCAN can help you to answer the following questions as they relate to the services you will offer:

- What sort of mental health service do we offer to this individual?
- Do we change the type or amount of service based on the information collected on a six-month reassessment cycle?
- Do we stop offering a specific mental health service to this individual because they no longer require the service?

The aggregate answers to these questions can help to stimulate a review of business practices within your HSP and, potentially, help to improve service delivery.

The Impact of Using OCAN

Meeting needs helps promote consumer wellness.

- Consumer level – helps people identify their needs which informs planning for services
  - May help people receive the right service and assist them to move through the system
  - Consumers identify their own progress

- Direct service staff level – Helps staff to clearly understand consumers' areas of need and strengths which informs service planning and helps to identify effective interventions
  - OCAN is a sector-chosen tool, so it will be used to provide information on needs, services and gaps

- System level – in time, OCAN can provide valuable information that will inform a variety of functional centres' service planning and resource allocation activities
  - OCAN can identify domains that the system is addressing effectively and domains where the system needs to improve through the identification of service gaps

Research Note

Helping to meet an unmet need results in better therapeutic alliance and improved wellbeing.
(Trauer, 2009)

Summary of Actions

At the end of the assessment, actions will be summarized in a table that looks like the following:

Priority	Domain	Action

Actions will be summarized from where they are entered in the staff OCAN and listed by the domain.

At the end of the assessment, the consumer and staff will determine the priority for each action and enter it manually.

Summary of Referrals

The intent of the Summary of Referrals is to provide staff with one place to consistently document referrals and their status. Another intent is to document the gaps between the services available and the services that would be optimal to meet a person's needs. These service gaps are important for planning.

After the assessment has been completed to the satisfaction of both parties during the assessment period (within the 30-day window), the staff will record any referrals that have been made during that time and their status, if this is known. (Sometimes the outcomes of referrals are not known until after this current OCAN assessment is closed.)

At reassessment, staff will review status of all completed and outstanding referrals since the previous OCAN was completed. These will be documented in the Summary of Referrals for the current assessment.

The Summary of Referrals is started during the assessment period and may be completed at reassessment.

Optimal Referral	Specify	Actual Referral	Specify	Reason for Difference	Status of Referral

When referrals are made to traditional healers, please choose in the "optimal referral" and "actual referral" columns, when appropriate, the item "Alternative Healing Options: Chiropractic, Acupuncture, Meditation, Herbalist, etc. In the field labeled "specify", please write "Traditional Healer" so that as an HSP you are able to track referrals to Traditional Aboriginal healers.

Benefits of Individual Assessment Reports

OCAN can provide information at many levels for individual users, HSP organizations, LHINs and for the sector.

Examples of individual uses of OCAN information are to:

- assist consumers in tracking their own progress
- gather pertinent information to inform the service plan including both internal and external referrals
- inform aggregate reports for the HSP and the sector as described below.

What are the Individual Assessment Reports?

The focus of this section is on the Individual Assessment Reports that are generated by your software solution. They are based on the information you include in the assessments you complete with individuals. More complete information will result in more complete reports. You will find that these reports offer a view of changes over time. They can be useful tools to explain to the client how assessment works.

Report: Individual Need Rating Over Time

Purpose of Report: The purpose of this report is to show change over time in a specific Need Rating for an individual Consumer. It adds up the number of needs across all Domains by Need Rating (e.g. Unmet Needs, Met Needs, No Needs, Unknown) for each assessment that was conducted with the consumer and displays the results in an individual need rating line graph. Each line graph that is displayed compares the consumer and the staff's perspectives. The staff person may also share this report with the consumer.

Report: Needs Over Time (Consumer and Staff)

Purpose of Report**:** This report can be used by the staff person to show the changes in Need over Time from the consumer's and staff's perspectives by comparing Need Ratings from previous assessments. This report will show the progress that has been made over time and identify the strengths as well as the areas that need further focus. Any changes that have been made in the Need Rating for each of the 24 domains from the previous assessments will be marked by a checkbox. The staff member may also share this report with the consumer.

Report: Summary of Actions and Comments

Purpose of Report**:** This report displays a summary of Actions and Comments (both for the consumer and staff) that were recorded in the selected assessments for an individual consumer. The report lists all the Actions and Comments associated with the assessments and domains that were chosen by the staff to be displayed. The domains are categorized by need rating within the current assessment as well as displaying the need ratings from previous assessments. In the case of different need ratings by the consumer and staff person, the higher need rating determines the category. The needs appear ranked as follows: Unmet Needs first, followed by Met Needs, No Needs and Unknown. The need rating given by the consumer and the staff are also displayed next to the comments for each assessment. This information can be passed along to other HSP organizations if requested.

Report: Staff Workload Report

Purpose of Report**:** This report displays the assessments in the system that belong to the worker. The worker will be able to see which assessments are in progress and which assessments are completed. Workers will also be able to see which assessments will be coming due on what date. Workers will be able to sort any of the information in the view by columns and the default sort is by assessment status.

Remember
The quality of the reports is only as good as the quality of the information entered in the automated solution.

You will find sample reports in the Outputs tab of the user binder. Your Coordinator can provide you with more details on how these reports can be used to meet the needs of your HSP.

Timelines and Reassessment

What is Reassessment?

OCAN reassessment provides an opportunity for consumers and providers to regularly review needs, identify accomplishments and inform next steps. It offers a structured way of reviewing using OCAN that's conducted every six months.

The reassessment consists of the Consumer's Self-Assessment, the Staff Assessment and information from other sources (e.g., service providers and family members). Reassessment also takes into account factors such as timelines (for completion of reassessment), consumer availability, business processes and rules.

What are the Benefits of Reassessment?

For Consumers:

- Gives a chance to stop and think about their needs
- Recognizes achievements
- Helps identify next steps
- Provides an opportunity for consumers to have a conversation with staff about what's working and what's not in terms of services they're receiving

For Staff:

- Formalizes a chance to think about what services are needed by the consumer
- Demonstrates how their work helps make a difference
- Helps identify next steps
- Encourages staff to have a conversation about services that may or may not be effective in helping the person's recovery

For HSPs:

- Gives ongoing trending information to support service planning
- Illustrates how services help make a difference
- Provides a common language to compare outcomes over time

For the System:

- Supports ongoing collaboration
- Shows the change in needs that lead to better outcomes
- Allows for effective use of resources
- Gives fuller understanding of who is being served (and who isn't…) over time

Remember

An increase in consumer-identified unmet needs can be due to such factors as:

- Consumer's perceived personal decline in these areas, or
- Consumer's journey of recovery allows them to identify different or new unmet needs as their horizons expand

Role of Reassessment in Reporting

Reassessment is critical to understanding changing needs over time. Trending information can be used to better understand needs of service recipients in community mental health. Trend information can help to answer the following questions:

- How do needs change over time?
- Are there local trends or areas of strength?
- Are outcomes improving?
- Is your client base changing and are other services needed (i.e. aging populations)?

Assessment Timelines: Review

Reminder: Assessment Completion Period

The assessment start date and completion date should be within 30 days of each other. The start date of the assessment in the system is whichever is started first: the consumer Self-Assessment or the Staff Assessment.

The completion date of the assessment in the system is whichever is finished last, provided that both Self-Assessment and Staff Assessment have been started and completed within 30 days. For example, when a consumer Self-Assessment start date is entered first, the Staff Assessment must be completed by day 30, even if the Staff Assessment was not started until day 15.

If the consumer Self-Assessment is not completed within 30 days, then the Staff Assessment completion date is entered in the system before the end of the assessment completion period.

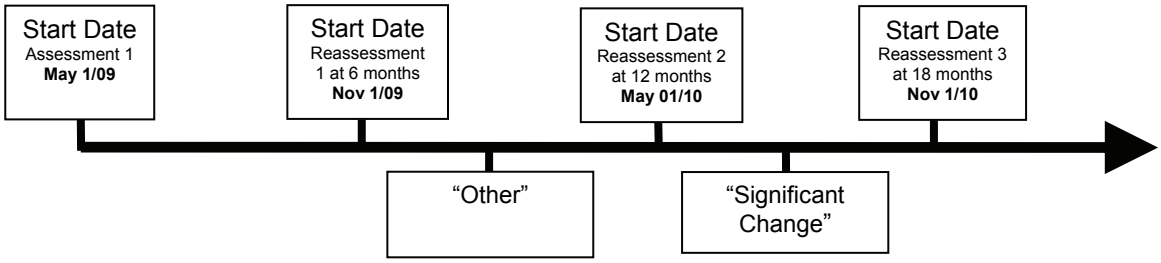
Assessment Timeframes

Initiating the Reassessment Cycle

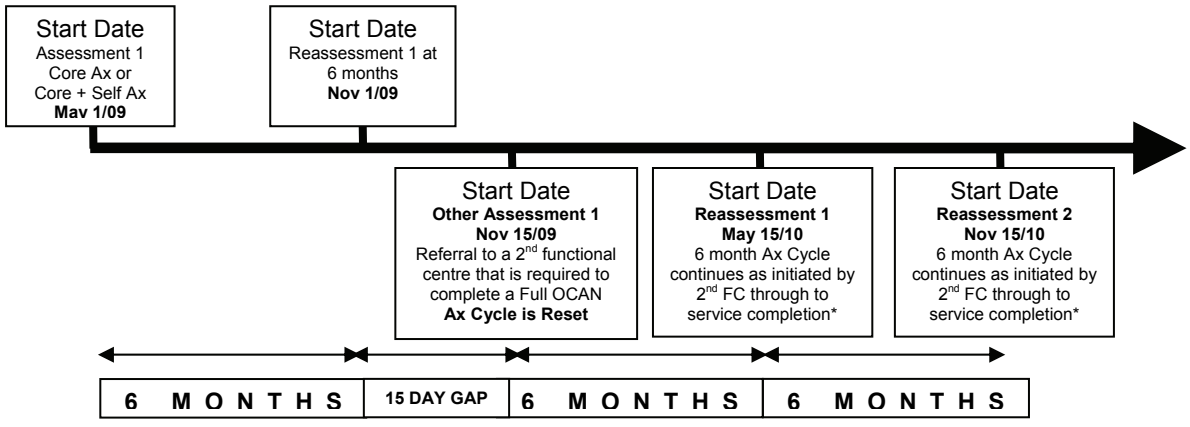
Once the start date is chosen, the end date is 30 days from the start date. The next assessment happens six months from the start date of the previous assessment.

Sustaining the Reassessment Cycle

Regardless of any "Other" or "Significant Change" OCANs completed between scheduled reassessments, the reassessment cycle remains the same.



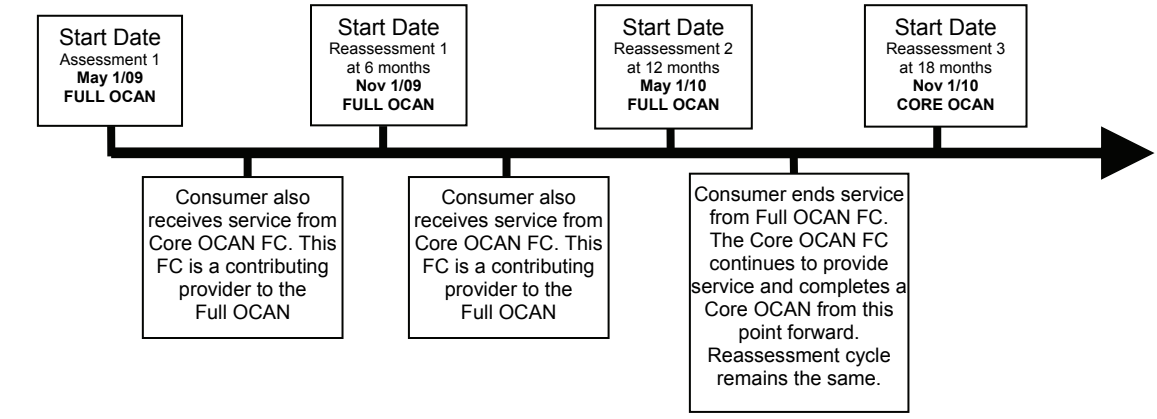
Resetting the Reassessment Cycle



The reassessment cycle follows the completion of the fullest OCAN. The reassessment cycle is reset when a new service begins with a second functional centre that must complete a Full OCAN – the reassessment cycle remains the same even if the consumer exits service from the second functional centre – the Core / Core + Self assessor would maintain the new reassessment cycle .

Change in Type of Assessment

Full to Core OCAN Reassessment


Start Date
Assessment 1
May 1/09
FULL OCAN
Start Date
Reassessment 1
at 6 months
Nov 1/09
FULL OCAN
Start Date
Reassessment 2
at 12 months
May 1/10
FULL OCAN
Start Date
Reassessment 3
at 18 months
Nov 1/10
CORE OCAN
Consumer also receives service from Core OCAN FC. This FC is a contributing provider to the Full OCAN
Consumer also receives service from Core OCAN FC. This FC is a contributing provider to the Full OCAN
Consumer ends service from Full OCAN FC. The Core OCAN FC continues to provide service and completes a Core OCAN from this point forward. Reassessment cycle remains the same.

The reassessment cycle is maintained even if a consumer does not continue a service with Full OCAN or Core + Self. If a consumer no longer accesses service from the Full or Core + Self functional centres and only maintains service from the functional centre that completes a Core OCAN the reassessment cycle stays the same.

OCAN Reasons for Assessment: Review

In order to understand in more detail how the OCAN reassessment cycle is maintained, it is important to have insight into the different reasons that may be recorded for the completion of OCAN.

Initial OCAN

- An “Initial OCAN” is only completed by the OCAN Lead
- An Initial OCAN is completed when:
  - the consumer is new to the Community Mental Health system
  - the consumer has re-entered the Community Mental Health system more than 3 months after a discharge
  - an existing consumer has been in your HSP less than 3 months
- An “Initial OCAN” starts the 6-month reassessment cycle

Reassessment

- A “Reassessment” OCAN is completed every 6 months by the OCAN Lead – This is referred to as the Reassessment Cycle
- It is also completed when:
  - the consumer has re-entered the Community Mental Health system less than 3 months after a discharge
  - an existing consumer has been in your HSP more than 3 months and has not completed a previous OCAN
  - A consumer is receiving CMH services elsewhere and you are starting OCAN for that consumer.

(Prior to) Discharge

- HSPs are encouraged to have a conversation with the consumer just prior to discharge to ensure their most up to date needs are documented
- A (Prior to) Discharge OCAN is conducted by the OCAN Lead when the consumer is discharged from ALL the functional centres within an HSP
- When completing a (Prior to) Discharge OCAN, the exit disposition and exit date should be captured in the Mental Health Functional Centre Service Use

Significant Change

- This is optional. The choice about doing a Significant Change assessment resides with the HSP
- A Significant Change OCAN does not change the assessment cycle
- A Significant Change is not included in aggregate(system level reporting
- It is completed by the OCAN Lead
- OCAN can be completed when an up to date assessment is required to facilitate a referral
- An example of significant change could be the referral to a specialized service that needs the most current and up to date information. Your HSP should have guidelines on when a significant change should be completed

Review

- A Review OCAN does not change the reassessment cycle. It can be conducted when a functional centre receives an OCAN from another functional centre within the same HSP and updates fields to reflect the current consumer situation when they enter it into the system
- **Important:** When entering a Review OCAN into the system, the start and end dates should be the dates that the “Review” was entered in your system and not the start and end dates of the original assessment

Re-key

- A Re-key OCAN is completed within a contributing functional centre and it does not change the reassessment cycle
- Re-key OCAN is conducted when a functional centre receives an OCAN from another functional centre and does not update any of the fields when they enter it into their own system
- **Important:** Original start and end dates do not change

Other

- This is optional. The choice about doing an “Other” assessment resides with the HSP
- An example of an “Other” reason for assessment could be ‘consumer request’
- An example of “Other” could be the consumer requested an OCAN before the scheduled reassessment
- For any “Other” reason for assessment, the staff records the reason

Note

OCAN Leads can complete all assessments in their automated solution. A contributing provider will only be completing a Review or Re-key OCAN in their automated solution.